

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90019 037 ****61.25

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DOCUMENT # N94000004664

1. Entity Name

GRANVILLE CONDOMINIUM D ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CASTLE MGMT INC
 PO BOX 189013
 PLANTATION FL 33318
 US

% CASTLE MANAGEMENT, INC.
 P.O. BOX 189013
 PLANTATION FL 33318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0563839**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE MANAGEMENT, INC.
 4450 W. SUNRISE BLVD.
 SUITE 100
 PLANTATION FL 33313

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	HAIMOWITZ, GERALD	7641 GRANVILLE DR	TAMARAC FL	<input type="checkbox"/>	<input type="checkbox"/>
VD	BROOKFIELD, JIM	7655 GRANVILLE DR	TAMARAC FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	ROTH, GENE	7695 GRANVILLE DR	TAMARAC FL	<input type="checkbox"/>	<input type="checkbox"/>
SD	WEINER, ETTA	7653 GRANVILLE DR	TAMARAC FL	<input type="checkbox"/>	<input type="checkbox"/>
D	LIPINSKY, GERALD	7677 GRANVILLE DR.	TAMARAC FL	<input type="checkbox"/>	<input type="checkbox"/>
VD	FUCHS, ELI	7609 GRANVILLE DR.	TAMARAC FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VTD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD HAIMOWITZ,

PRES. 1-18-02

Date

Daytime Phone #

CR2E037 (9/01)